

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
 Iowa Ethics and Campaign  
 Disclosure Board  
 510 E. 12<sup>th</sup> Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Klemesrud Campaign

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidates (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
 (11) Local Ballot Issue

## CANDIDATE COMMITTEES ONLY:

Candidate Name

Normand Klemesrud

Political Party (if applicable)

Dem

Office Sought

Coun. Atty.

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Normand Klemesrud  
 SIGNATURE OF PERSON FILING REPORT

641 228 7143  
 TELEPHONE

1/19/11  
 DATE SIGNED

I AM FILING A 1/19/11 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
 (report date) Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

Nov 7, 2006  
 County & Local Committees, enter County in  
 which Election is held  
Polk

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

0.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 0.00

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 0

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 1,565.95

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 1,565.95

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

## CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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COMMITTEE NAME (Must be same as on Statement of Organization)

*Klemesrud Campaign*

Reset Form

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>E</b><br>(Rev. 08/97)                        | IN-KIND<br>CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

| DATE<br>RECEIVED<br>(MM/DD/YY)              | NAME AND ADDRESS<br>OF CONTRIBUTOR       | RELATIONSHIP<br>TO CANDIDATE<br>* (if applicable) | DESCRIPTION<br>OF IN KIND<br>CONTRIBUTION | ESTIMATED<br>FAIR MARKET<br>VALUE | ✓ IF FOR<br>FUND-RAISER<br>CONTRIBUTION |
|---|--|---|---|-----------------------------------|---|
| <i>12/31/10</i>                             | <i>Various - previously<br/>reported</i> |   | <i>Debt<br/>forgiveness</i>               | <i>\$<br/>1,449.31</i>            | <input type="checkbox"/>                |
| <i>12/31/10</i>                             | <i>Normand Klemesrud</i>                 | <i>Self</i>                                       | <i>Debt<br/>forgiveness</i>               | <i>112.93</i>                     | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
| SUB-TOTAL                                   |  |   |   | <i>\$<br/>1,565.95</i>            |   |
| TOTAL (if last<br>page of this<br>schedule) |  |   |   | <i>\$<br/>1,565.95</i>            |   |

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 1  
(for Schedule E)